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The Intersection of Race, Sexual Orientation, Socioeconomic Status, Trans Identity, and Mental Health Outcomes

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Abstract

The present study examined patterns in trans individuals' multiple identities and mental health outcomes. Cluster 1 (socioeconomic and racial privilege; $n = 239$) was characterized by individuals who identified as trans women or crossdressers, lesbian, bisexual, or questioning; had associates degrees; reported household incomes of \$60,000 or more a year; and were non-Latino White. Cluster 2 (educational privilege; $n = 191$) was characterized by individuals who identified as trans men or genderqueer, gay, or queer; had a bachelor's degree; reported household incomes of \$10,000 or less a year; and were people of color. There was a pattern of individuals in Cluster 1 who identified with two privileged identities (identifying as White and having higher household incomes), whereas individuals in Cluster 2 identified only formal education as a privilege. Individuals in Cluster 2 reported statistically significant levels of anxiety. Implications of these results for future research and clinical practice are examined.

Keywords: trans, intersectionality, identity, privilege, cluster analysis

Although there has been an increase in empirical and non-empirical scholarship related to trans identity in recent years (Moradi et al., 2016 [this issue]), little attention has focused on the other multiple identities held by trans individuals. Many empirical studies with trans individuals either report small numbers of racial and ethnic minority participants (if race or ethnicity is reported at all), do not assess sexual orientation adequately, or do not take into account the socioeconomic status (SES) of the participants (see Moradi et al., 2016). As a result, the literature on trans identity has largely focused on a single dimension of identity rather than the interrelatedness of multiple dimensions of identity, providing a limited view of the experiences of many within trans populations.

To broaden understanding and knowledge related to the experiences of trans individuals, more research is needed on the multiple dimensions of identity that trans people hold. Furthermore, limiting the scope of scholarship solely to gender identity when discussing trans issues can perpetuate assumptions, misunderstanding, and stigmatization of trans individuals (Sánchez & Vilain, 2009). Within the psychological literature, trans individuals have mostly been theorized as a homogeneous group (Hines, 2006) despite the diverse identities within the population; these assumptions of homogeneity enable overgeneralizations of what it “means” to be trans to persist. Although the majority of scholarship clusters all transgender individuals together, some authors have noted the importance of focusing on intersectionality within trans populations. Burnes and Chen (2012) provided a framework for understanding the multiple identities of trans individuals, specifically understanding trans individuals within a context and understanding that there are more within differences than between differences. Akinniyi and Budge’s (2015) research indicated that genderqueer individuals make sense of their multiple identities through prioritizing their gender identity in affirming contexts as well as attempting to understand their identities that are privileged to provide context for their marginalized identities.

With the increase of trans individuals seeking mental health counseling services (Goldberg, Matte, MacMillian, & Hudspith, 2003; Grant et al., 2011), it is essential for counseling psychologists to have an awareness of the intersection of all cultural aspects of trans clients to understand the broader context of their identity and provide counseling services with the utmost competence and effectiveness. Therefore, the purpose of the current study is to determine how the multiple social

identities of trans people relate to mental health outcomes (i.e., depression and anxiety).

Multiple Identities and Mental Health

Regardless of an individual's gender identity, every person has multiple dimensions of identity and is part of multiple societal groups, through which the intersectionality of their identities and experiences manifest (Cole, 2009). Intersectionality was first used during feminist movements to better capture the experiences of women of color (Dill, 2009). Since that time, *intersectionality* has been conceptualized as the intersection of the meaning and consequences (e.g., discrimination, prejudice, privilege) associated with memberships in multiple societal groups, which in turn informs the overall identity of an individual (Cole, 2009). Scholars have noted that experiences of oppression related to a variety of social identities can influence each other systematically and simultaneously based on an individual's cultural background (e.g., Cole, 2009; Collins, 2000), including race, ethnicity, ability, class, sexual identity, education, and gender identity. Warner and Shields (2013) noted that focusing merely on multiple minority identities is a narrow viewpoint of an intersectional approach. They contended that taking a social justice perspective when considering and exploring intersectionality, such as revealing the interconnections within and among systems of inequality (rather than necessarily the minority identities themselves, per se), can expand researchers' conceptualizations of how to conduct studies that use this framework.

Although intersectionality theory encompasses all identities and not merely minority identities, regardless of privilege or inequality, there is a large body of research that indicates sociostructural identities may affect mental health differentially. Research reveals that individuals with minority identities experience high levels of chronic stress at higher rates than those with majority identities (e.g., Meyer, 2003, 2007; Meyer & Northridge, 2007; Pascoe & Richman, 2009), leading to experiences of discrimination, prejudice, isolation, and barriers that majority groups do not encounter (Symanski & Sung, 2010). Meyer (2003) theorized that negative societal attitudes directed toward members of minority groups contribute to greater levels of overall stress, or minority stress. Minority stress theory (Brooks, 1981; Meyer, 1995, 2003) asserts that the ongoing exposure to elevated degrees of stress accrued over time leads to negative physical and psychological health outcomes (Dohrenwend, 2000; Meyer, 2007; Meyer & Northridge, 2007; Pascoe & Richman, 2009). Although the current study does not test minority stress theory via the pathways theorized to affect individuals (e.g., discrimination), this theory provides context for

the examination of distress experienced by trans individuals with multiple societal statuses.

Discrimination and prejudice have been shown to negatively affect the mental health of individuals with minority statuses (Corkley, Hall-Clark, & Hicks, 2011; Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006; Taylor & Turner, 2002). Corkley et al. (2011) found that racial and ethnic minorities' reports of discrimination coincided with a higher level of emotional distress. Due to high levels of stressors, there is a strong association between primary discrimination and stress and negative mental health in individuals with lower SESs (DuBois, Felner, Meares, & Krier, 1994; Grzywacz, Almeida, Neupert, & Ettner, 2004; Kessler, Mickelson, & Williams, 1999; Lantz, House, Mero, & Williams, 2005). Negative mental health outcomes, due to discrimination and prejudice, are notable within in the lesbian, gay, bisexual, and trans (LGBT) community. Research findings have indicated that LGBT individuals report higher levels of suicidal ideation, attempts, and completions, substance use, depression, anxiety, among other psychological distress (e.g., Budge, Adelson, & Howard, 2013; Kimmel & Mahalik, 2005; Nuttbrock et al., 2010).

There is some evidence to suggest that holding a number of minority statuses relates to higher levels of experienced stress (Bowleg, 2013; Bowleg, Huang, Brooks, Black, & Burkholder, 2003; Hayes, Chun-Kennedy, Edens, & Locke, 2011; Singh, 2013). For example, experienced level of stress may be higher for an African American lesbian woman than a non-Latina White lesbian woman due to the co-occurrence of racism *and* homophobia and sexism (Bowleg, 2013; Bowleg et al., 2003; Greene, 1995). To date, there is a lack of research that addresses the multiple minority statuses of trans individuals (e.g., race, SES, sexual orientation, gender identity) with the exception of a few studies conducted about trans identity and one additional minority status.

Research examining the multiple identities of trans individuals has yet to come together holistically. More recently, researchers have investigated the intersection between gender identity and other single social identities such as sexual identity (e.g., Bockting, Benner, & Coleman, 2009; Chivers & Bailey, 2000; Hill, 2007), racial/ethnic identities (e.g., Dozier, 2005; Erich, Tittsworth, Colton-Meier, & Lerman, 2010; Roen, 2001; Rosario, 2004; Schilt, 2006; Singh, 2013), or SES (e.g., Gehi & Arkles, 2007), individually. Conversely, literature similar to that of Dozier (2005) and Schilt (2006) examined more than one social identity of trans individuals (e.g., race/ethnicity, height, sexuality) but only focused on trans men. There is a lack of comprehensive research on the simultaneous influences and interrelatedness of different identities and mental health outcomes within the trans population.

Current Study

The purpose of the current study was to examine the multiple identities of trans individuals. Most research related to trans individuals and mental health outcomes only examines one single dimension of their identity. To our knowledge, there is no known research that thoroughly assesses multiple dimensions of identity among trans individuals. The purpose of this study was to identify patterns of trans identities and determine whether certain identities cluster together. We hypothesized that four clusters of identities would emerge based on the four gender identities identified in this study (e.g., trans woman, trans man, genderqueer, and cross-dresser). In addition, we hypothesized that the number of minority identities for participants would be positively associated with depressive and anxiety symptomatology.

Application of Tebbe and Budge's (2016) Framework

Before the final conclusion of this article, we also explicitly provide our reflections of the framework laid out by Tebbe and Budge (2016 [this issue]) to further illustrate the ways in which researchers might be able to incorporate this framework into their work (please see Tebbe & Budge, 2016, for more detail).

Method

Participants

A total of 442 trans-identified individuals, 10 of whom were international participants, were included in the analysis for this study; they ranged in age from 18 to 78 ($M = 39.52$, $SD = 14.41$, $Mdn = 39$). In the sample, 383 participants (86.7%) identified as non-Latino White, 33 (7.5%) as bi/multiracial, 10 (2.3%) as Latino, four (0.9%) as African American, six (1.4%) as Asian/Asian American/Pacific Islander, and four (0.9%) as Native American/American Indian (two participants did not report racial and/or ethnic identity). Regarding gender identity, 226 participants (51.1%) identified as trans women, 124 (28.1%) identified as trans men, 64 (14.5%) identified as genderqueer, and 21 (4.8%) identified as cross-dressers (seven participants did not report a trans label). Participants identified their sexual orientations in the following way: bisexual ($n = 106$, 24.0%), queer ($n = 99$, 22.4%), lesbian ($n = 89$, 20.1%), gay ($n = 18$, 4.1%), questioning ($n = 32$, 7.2%), straight ($n = 79$, 17.9%), asexual ($n = 8$, 1.8%), and pansexual ($n = 11$, 2.5%). Regarding household income (international

participants were asked to provide their income in U.S. dollars), 86 participants (19.5%) indicated that they earned \$0 to \$10,000, 71 (16.1%) earned \$10,001 to \$20,000, 61 (13.8%) earned \$20,001 to \$30,000, 53 (12.0%) earned \$30,001 to \$40,000, 81 (18.3%) earned \$40,001 to \$60,000, 37 (8.4%) earned \$60,001 to \$80,000, 22 (5.0%) earned \$80,001 to \$100,000, and 28 (6.3%) earned \$100,001 and above (three participants did not report household income). Finally, participants indicated the following for formal education level: some college ($n = 149$, 33.7%), bachelor's degree ($n = 118$, 26.7%), graduate degree ($n = 103$, 23.3%), associate's degree ($n = 41$, 9.3%), high school diploma/GED ($n = 27$, 6.1%), and did not complete high school ($n = 4$, 0.9%).

Measures

Demographic questionnaire. Participants identified their gender identity, race, ethnicity, and sexual orientation by responding to open-ended questions that allowed them to provide the best-fitting identity label for themselves. From the specific responses provided by participants, two coders independently placed these open-ended responses into identity categories (listed in the previous section) for the purposes of statistical analysis. Race was dummy coded as (1) "person of color" if the individual endorsed any racial category other than or in addition to non-Latino White and (0) if the person solely indicated a non-Latino White racial identity. If there was disagreement among the coders, consensus coding was used to finalize identity categories.

Center for Epidemiologic Studies Depression scale (CES-D). The CES-D (Radloff, 1977) measures the occurrence of depressive symptoms in the past week. The CES-D is composed of 20 items with a response scale of 0 (*rarely or none of the time*) to 3 (*most or all of the time*). Item scores are summed to produce a total score, with higher scores indicating a greater endorsement of depressive symptomatology. Radloff (1977) suggested that a score of 16 or higher on the CES-D is consistent with a clinical diagnosis of depression. A sample item is "I was bothered by things that usually don't bother me." Items on the CES-D have demonstrated high internal consistency with a Cronbach's alpha of .90 in samples of the general population (Katz, Petracca, & Rabinowitz, 2009; Schleicher, Harris, Catley, & Nazir, 2009). Scores on the CES-D have also demonstrated strong concurrent validity with the clinical diagnosis of depression in a sample of the general population (Boisvert, McCreary, Wright, & Asmundson, 2003). The CES-D has been used in prior research with male-to-female

(MTF) and female-to-male (FTM) transsexuals (Clements-Nolle, Marx, Guzman, & Katz, 2001). Cronbach's alpha for items on the CES-D in the present study was .94.

Burns Anxiety Inventory (BAI). The BAI (Burns, 1989) is a 33-item inventory that assesses a wide range of anxiety symptoms. Participants are instructed to "put a check in the space to the right that best describes how much that symptom or problem has bothered you during the past week" (p. 33). An example item is "feeling tense, stressed, 'uptight,' or on edge." Items are rated on a 4-point scale from 0 (*not at all*) to 3 (*a lot*), and scores are summed to produce a total score. Items on the BAI have demonstrated good reliability with Cronbach's alpha of .92 in two separate samples (psychotherapy clients and adolescent girls with an eating disorder diagnosis; Kring, Persons, & Thomas, 2007; Stice, Presnell, & Spangler, 2002). Regarding validity, scores on the BAI have been shown to correlate positively with other measures and be sensitive to change during treatment (Persons, Roberts, & Zalecki, 2003), allowing for application in standard clinical settings. Cronbach's alpha for the present study was .95.

Procedure

Participants were recruited via online methods, primarily through social networking sites and emails, which were sent to university and community LGBT centers around the United States. A total of 603 participants logged in to participate in the current study, with 73% completing all study measures. To determine whether any participants completed the study more than once, we screened IP addresses to identify any duplicate IP addresses, per recommendations from prior scholars (Kraut et al., 2004). There were four instances of repeated IP addresses – in two entries, the participant stopped after completing the demographic questionnaire but completed the full survey at the second try. Thus, responses to the first survey were deleted. In the two remaining entries of duplicate IP addresses, the responses to the demographic questionnaire, as well as to items on the survey measures, differed between cases. Thus, data from all entries were retained. Because many computers are shared (e.g., roommates, libraries, families), it is common practice to retain responses where the demographic information provided by participants differs (Gosling, Vazire, Srivastava, & John, 2004). Only participants who completed the entirety of the survey were included in the final data set, which resulted in the deletion of 161 additional cases. Therefore, the final data set was composed of data from 442 participants.

Analytic Procedure

A cluster analysis was used to determine whether there were meaningful subgroups of participants based on their multiple identities. "Fundamentally, clustering involves sorting cases or variables according to their similarity on one or more dimensions and producing groups that maximize within-group similarity and minimize between-group similarity" (Henry, Tolan, & Gorman-Smith, 2005, p. 121). This approach is appropriate for research questions that address multifaceted sets of constructs that may covary together to describe meaningful groups of individuals who are more or less at risk of physical or mental health concerns (see Owen, Wong, & Rodolfa, 2010; Wong, Owen, Tran, Collins, & Higgins, 2012, for examples). Data were analyzed for the current study using latent class cluster analysis.

Latent class cluster analysis permits researchers to test the fit of fixed cluster specifications and investigate the best fitting cluster solution (e.g., whether a two-cluster model is a better fit than a three-cluster model) via model fit statistics and model comparisons (e.g., chi-square difference tests). In contrast to other cluster techniques, where the number of clusters are selected based on interpretation, the latent class method offers statistical assistance in the decision-making process. A principal latent class configuration was determined for identity classes, using the criteria for minimizing the values for the Bayesian information criterion and values for the Akaike information criterion. Lower values on these criteria signify a better fitting model. The differential test compares models in a similar way to traditional statistical testing wherein a significant p value suggests the two models are different. In addition, the analyses allow for bootstrapping estimations, which provide a more representative distribution of the data. Missing data were handled using the Missing at Random assumption. Latent Gold 4.5 (Vermunt & Magidson, 2008) software was used to conduct the analyses.

Results

As a preliminary analysis, the bivariate relationships between the identity variables and mental health outcomes of depression and anxiety were tested (see Table 1). The fit of the one-, two-, three-, and four-class models were tested using bootstrapping estimates. In comparative tests between the group models, the two-group model was a better fit to the data than the one-, three-, or fourclass solutions (see Table 2). Analyses indicated two distinct patterns, as differentiated by the two clusters. Cluster 1, composed of 239 individuals, seemed to represent individuals who held two

Table 1. Alpha Coefficients, Descriptives, and Intercorrelations Among the Variables

Measure	1	2	3	4	5	6	7
1. Household income	—						
2. Race	-.08	—					
3. Trans identity	-.13*	.03	—				
4. Sexual orientation	-.04	.03	.17**	—			
5. Education	.37**	-.05	.05	-.02	—		
6. Depression	-.23**	-.09	-.10*	-.06	-.19**	—	
7. Anxiety	-.27**	-.04	.01	-.06	-.21**	-.82**	—
M	—	—	—	—	—	39.13	55.81
SD	—	—	—	—	—	13.49	18.22

N = 442. * $p < .05$; ** $p < .01$

Table 2. Comparison of Models in Latent Class Analyses

Model	BIC	-2LL diff	Bootstrap p value	Classification errors
One-class model	5,981	—	—	—
Two-class model	5,870	2,792	<.001	.05
Three-class model	5,925	2,747	<.001	.12
Four-class model	6,016	2,720	<.001	.12

BIC = Bayesian information criteria; LL diff = difference in log-likelihood estimates between models.

stereotypically privileged identities, and thus we labeled this cluster socioeconomic and racial privilege. Cluster 2, composed of 191 individuals, seemed to represent individuals with identities that are commonly considered oppressed, and thus this cluster was labeled educational privilege. Table 3 indicates the betas associated (e.g., cluster loadings) with the identity variable for each cluster, as well as the test for differences between the cluster loadings. The final column in Table 3 indicates the relative contribution (R^2) associated with each identity variable.

Table 3 provides information denoting identity differences among clusters. The following tests should be interpreted with caution, as some of the sample sizes were relatively small for several identity variables. Cluster 1 ($n = 239$; 54.2%; socioeconomic and racial privilege) was characterized by trans women and cross-dressers who primarily (a) identified as lesbian, questioning, or bisexual; (b) had an associates degree; (c) reported household income levels of \$60,001 and above; and (d) identified as non-Latino White. Cluster 2 ($n = 191$; 45.8%; educational privilege)

Table 3. Latent Class Model: Cluster Loadings for Variables

Variables	n	Cluster 1		Cluster 2		Cluster differences	R ²
		β (SE)	% (n)	β (SE)	% (n)		
Gender identity							.37
Trans women	224	.70 (.83)	94.6 (212)	-.70 (.83)	5.4 (12)	1 > 2	
Trans men	122	-1.66* (.85)	2.5 (3)	1.66* (.85)	97.5 (119)	1 < 2	
Genderqueer	63	-1.62* (.85)	4.8 (3)	1.62* (.85)	95.2 (60)	1 < 2	
Cross-dresser	21	2.58 (2.43)	100 (21)	-2.58 (2.43)	0 (0)	1 > 2	
Sexual orientation							.12
Lesbian	86	1.25** (.34)	90.7 (78)	-1.25** (.34)	9.3 (8)	1 > 2	
Gay	17	-1.02** (.48)	5.9 (1)	1.02**	(.48) 94.1 (16)	1 < 2	
Bisexual	104	.57* (.23)	72.1 (75)	-.57* (.23)	27.9 (29)	1 > 2	
Queer	97	-2.31* (1.14)	0 (0)	2.31* (1.14)	100 (97)	1 < 2	
Questioning	31	.96** (.34)	83.9 (26)	-.96** (.34)	16.1 (5)	1 > 2	
Straight	77	.37 (.23)	63.6 (49)	-.37 (.23)	36.4 (28)	1 = 2	
Asexual	7	.17 (.42)	57.1 (4)	-.17 (.42)	42.9 (3)	1 = 2	
Pansexual	11	-.002 (.37)	54.5 (6)	.002 (.37)	45.5 (5)	1 = 2	
Education							.01
Not completed high school	4	-.28 (.46)	50 (2)	.28 (.46)	50 (2)	1 = 2	
High school diploma/GED	27	.19 (.23)	66.7 (18)	-.19 (.23)	33.3 (9)	1 = 2	
Some college	143	-.06 (.13)	56.6 (81)	.06 (.13)	43.4 (62)	1 = 2	
Associates degree	41	.55* (.24)	78 (32)	-.55* (.24)	22 (9)	1 > 2	
Bachelor's	114	-4.1** (.14)	39.5 (45)	.41** (.14)	60.5 (69)	1 < 2	
Graduate/professional	101	.02 (.15)	60.4 (61)	-.02 (.15)	39.6 (40)	1 = 2	

(continued)

Table 3. (continued)

Variables	n	Cluster 1		Cluster 2		Cluster differences	R ²
		β (SE)	% (n)	β (SE)	% (n)		
Household income							.02
\$0-10,000	85	-1.04** (.38)	29.4 (25)	1.04** (.38)	70.6 (60)	1 < 2	
\$10,001-20,000	69	-.63 (.38)	46.4 (32)	.63 (.38)	53.6 (37)	1 = 2	
\$20,001-30,000	61	-.57 (.39)	50.8 (31)	.57 (.39)	49.2 (37)	1 = 2	
\$30,001-40,000	53	-.53 (.38)	52.8 (28)	.53 (.38)	47.2 (25)	1 = 2	
\$40,001-60,000	78	-.26 (.38)	64.1 (50)	.26 (.38)	35.9 (28)	1 = 2	
\$60,001-80,000	35	.004 (.42)	74.3 (26)	-.004 (.42)	25.7 (9)	1 > 2	
\$80,001-100,000	22	.52 (.57)	90.9 (20)	-.52 (.57)	9.1 (2)	1 > 2	
\$100,001 and above	27	2.49 (2.48)	100 (27)	-2.49 (2.48)	0 (0)	1 > 2	
Race/Ethnicity							.03
Non-Latino White	373	.24** (.08)	58.7 (219)	-.24** (.08)	41.3 (154)	1 > 2	
Person of color	57	-.24** (.08)	35.1 (20)	.24** (.08)	64.9 (37)	1 < 2	

Overall cluster analysis included the entire sample, N = 442, but clusters only represent N = 430 due to missing data. Sample sizes in the table may differ from the demographic information due to the cluster analysis accounting for missing data. GED = general education development.

* p < .05

** p < .01

was characterized by trans men and genderqueer individuals who primarily (a) identified as gay and queer, (b) had bachelor's degrees, (c) described household income levels from \$0 to \$10,000, and (d) identified as individuals of color.

Post hoc analyses were also conducted to determine whether levels of depression and anxiety differed between socioeconomic and racial privilege and educational privilege clusters. The *t*-test analyses indicated a nonsignificant difference among levels of depression for clusters, $t(394) = -.65, p = .52$. However, a significant difference emerged between socioeconomic and racial privilege and educational privilege individuals on anxiety, $t(367) = -2.29, p = .02$, with educational privilege individuals reporting more anxiety than did socioeconomic and racial privilege individuals ($d = -.24$).

Discussion

To date, much of the research on trans populations has a limited focus on diverse gender identities or social identities across other identity dimensions. With trans populations often treated as one homogeneous group, it is unclear how levels of depression and anxiety may differ across trans subgroups or for individuals holding other minority identities. Therefore, we used cluster analysis to identify patterns across social identities. Our first hypothesis was that there would be four clusters based on four separate trans identities. However, the cluster analysis identified two clusters, socioeconomic and racial privilege and educational privilege, which revealed distinct profiles of individuals' identities. These findings suggest that when allowed to cluster or stand on their own, a distinct pattern emerges among participants' identities. Instead of the cluster focal point being trans identity, the primary pattern that emerged was based on one group identifying separate privileged or well-known identities than another group.

Perhaps Cluster 1 (socioeconomic and racial privilege) included individuals who had greater access to resources (e.g., higher household income) and increased racial privilege (e.g., non-Latino White individuals). Individuals within Cluster 2, which we named the educational privilege cluster, reported lower levels of household income, and most individuals within this cluster identified as individuals of color compared with individuals in the socioeconomic and racial privilege cluster. Previous research has found that intersections of oppressions for LGBT people of color may be unique across groups. For example, Balsam, Molina, Beadnell, Simoni, and Walters (2011) found that lesbians and gay men of color reported significantly higher levels of distress than bisexual people of color when experiencing LGBT and racial microaggressions; men also reported more distress related to these microaggressions. These results are

consistent with those in the current study in that gay-identified trans men in Cluster 2 reported more distress; however, lesbian-identified trans individuals in Cluster 1 reported less distress in the current study. The majority of the sample from the Balsam et al. (2011) study was cis-identified and did not take into account how patterns of other identities may interact with gender and sexual orientation.

The only identity category where the educational privilege cluster indicated higher levels of privilege over the socioeconomic and racial privilege cluster was education. As a whole, studies indicate that trans individuals tend to be more highly educated than the general population (e.g., Factor & Rothblum, 2008; Rotondi et al., 2011). The 2013 U.S. Census indicated that 20% of individuals older than 25 had completed a bachelor's degree (but not a professional, master's, or doctoral degree); however, 40% of the individuals in the educational privilege cluster reported bachelor's degrees, which is a significantly higher percentage than that reported by individuals in the socioeconomic and racial privilege cluster (19%). Combined with results that indicate the educational privilege group also had the lowest household income reported, these findings show a unique pattern of economic disadvantage for trans men and genderqueer individuals of color who also identify as queer/gay. Grant et al. (2011) reported descriptive statistics regarding trans respondents' SES, operationalized as household income, with lower income respondents reporting higher levels of discrimination and less access to resources. Although the current study did not examine the roles of discrimination and access to resources, these could be possible explanations for why the educational privilege cluster reported a disparity between education and income.

As newer research on trans identities emerges, trans men have been identified with more privilege based on how other individuals react to them and enacting male privilege (Budge, Orovecz, & Thai, 2015). Meanwhile, a body of research on the lack of privilege for trans women of color has developed in recent years (Operario, Soma, & Underhill, 2008; Sevelius, 2013; Sugano, Nemoto, & Operario, 2006). In the current study, trans men and genderqueer individuals of color reported lower household incomes despite having higher levels of formal education. There is a lack of literature that can directly explain the results of the current study; however, it is possible that this finding could be indicative of a lack of resources or interventions focused on genderqueer individuals of color and trans men of color.

Our second hypothesis was that individuals who reported more marginalized identities would report more mental health concerns. This hypothesis was partially supported. The finding that individuals in the educational privilege cluster reported more anxiety than those in the socioeconomic and racial privilege cluster was not surprising, given the

body of research related to minority stress. Previous studies have found that anxiety arises as one of the primary mental health concerns for genderqueer individuals (Budge, Rossman, & Howard, 2014). Thus, it is possible that the stresses associated with identifying with a nonbinary gender identity for genderqueer and queer identities in a society that is more highly gendered may lead to anxiety in a way that relates to hypervigilance rather than depressive symptoms. An additional explanation could be the link between anxiety and income. Numerous studies have demonstrated a link between individuals with lower incomes reporting higher levels of anxiety (e.g., Miech, Caspi, Moffitt, Wright, & Silva, 1999; Wadsworth, Evans, Grant, Carter, & Duffy, 2016).

It is also noteworthy to discuss that there were several variables that indicated no differences between the clusters. Namely, straight, asexual, and pansexual individuals did not differ from Cluster 1 to Cluster 2. It is possible that the low sample size for asexual and pansexual individuals may not have indicated a difference, but perhaps identifying as straight is considered a stabilizing factor for all trans individuals who participated in the study. There were no differences for the first three educational categories (not completing high school, high school diploma/GED, and some college) and having a graduate/professional degree. There were also no differences in the income categories from \$10,001 to \$80,000. It appears that categories that are more polarized for income seem to make the biggest difference for trans individuals, which could affect how psychologists consider interventions based on client SES.

Limitations

There were several limitations to the current study. First and foremost, in a study where we discuss the importance of being inclusive of all identities, the sample was overwhelmingly non-Latino White. In Tebbe and Budge (2016), we contend that authors should intentionally recruit trans individuals of color, and current practices are not enough. We were not as successful as we had hoped in recruiting trans individuals of color; that significant results arose for our participants of color suggest that a larger sample size may produce results that are even more robust. In addition to the limitation of recruiting trans individuals of color, income should have been assessed in a more nuanced fashion. In the current study, total household income was analyzed without assessing for the number of individuals in the household who depend on income. Future research should assess individual income, household income, and number of individuals in the household who depend on this income. Furthermore, our study findings are limited by our ability to analyze data separately for the variety of racial and ethnic minority-identified participants in our sample. For example, it is likely that an Asian American trans man may

experience different types of microaggressions and discrimination than an African American genderqueer individual; however, it was not possible to capture these nuances with the current sample size. Therefore, future research could analyze clusters of distinct trans identities with distinct racial identities with larger sample sizes of diverse trans individuals to determine emerging patterns in how multiple identities intersect. In addition, future research should focus specifically on how discrimination is experienced based on intersecting identities; this could be accomplished by creating a scale that focuses on discrimination experiences and salient parts of trans identity. Finally, in the current study, we hypothesized that individuals with multiple minority statuses would report more mental health concerns than individuals with fewer statuses – it is likely that cluster analysis may not account for the actual “pile-up” of discrimination or difficulty from identifying with multiple minority statuses. As well, Warner and Shields (2013) warned specifically against this type of conceptualization, arguing that intersectionality is not just about focusing on the number of minority identities but also about focusing on marginalized and privileged identities as a whole. We believe that the current data are a starting point to discuss the very real impact of what Bowleg et al. (2003) called “triple jeopardy,” or the additive stress of holding more than one marginalized identity at one time. Future qualitative research can incorporate both Warner and Sheild’s (2013) current conceptualizations of intersectionality by focusing on all identities, while parceling out the different impacts that privilege and oppression may hold for each trans individual. Future quantitative research could examine “double” or “triple” jeopardy in participants by examining the data in an additive nature and calculating odds ratios to determine whether multiple minority statuses are related to depression and anxiety.

Further Critical Reflections of the Present Study Using Tebbe and Budge’s (2016) Framework

In the following section, we provide our critical reflections of this study using Tebbe and Budge’s (2016) framework with the hope that future researchers can consider the eventual outcomes for the decisions they make at each stage of study development, data collection, analysis, and dissemination. Although it is possible to use the entire framework – both critical questions (“Who benefits in this situation” and “How do power and privilege shape what we see and decisions we make?”) and both guiding principles (empowerment and collaborative equity, and relevance and ownership) when considering all study development and implementation procedures – we only provide reflections on one or two aspects of the framework on each of the areas in the following sections for the sake of brevity.

Reflections on instruments and procedures. The instruments in this study included the CES-D (Radloff, 1977), the BAI (Burns, 1989) and a demographics form. As Tebbe and Budge (2016) note, measurement selection for research with trans communities can be difficult given the lack of available measures to examine key study constructs or the lack of measures that have previously been used and validated with trans populations. The CES-D is a measure of depression that has previously been used in studies with trans populations (e.g., Clements-Nolle, Marx, & Katz, 2006). Furthermore, as the central aims of this research were to establish whether incidences of depression and anxiety differ within trans populations and across intersections with other social identities, the CES-D, which seeks to measure depressive symptoms independent of contextual experiences, was an appropriate choice for use with this sample. In this study, we also used the BAI to measure the incidence of anxiety symptoms. However, to our knowledge, the BAI has not been used previously with a trans sample before data were collected for this study. Although Tebbe and Budge suggest that researchers use measures that have previously been used with trans populations whenever possible, given that the BAI also seeks to measure anxiety symptoms independent of experiences external to the self, its use in this study seems appropriate.

Regarding the demographics form, this study is notable for its use of text boxes for all social identities. Using this format to collect data enhances participants' ability to provide labels for themselves, rather than being forced to select from pre-established categories or identity labels that may not fit. This strategy fits well with Tebbe and Budge's (2016) guiding principle of Empowerment and Collaborative Equity in that it honors participants' ability to define their own identities. However, to investigate our study's hypotheses, this format for participants' demographic information necessitated that we make decisions to categorize participants' identities into discrete social identity categories. Therefore, although we were deliberate in our choice to use text boxes to increase participants' sense of empowerment while completing study measures, ultimately our procedures to prepare the data for analysis erased our participants' empowerment and autonomy to use their own identity language. We feel it is particularly important to highlight the difficulties of identity measurement as this is a tension that many researchers face when making decisions about demographic data collection—how to collect data in a way that maximizes participant empowerment and collaborative equity through all study procedures, not just those in which participants have direct access and interaction with the research in which they are participating.

Before continuing, we want to highlight some possible alternative procedures future researchers could use if conducting research in a similar

way. One alternative could have been to provide both text boxes and forced-choice identity categories so that participants are both able to identify themselves in an open-ended way, while also selecting for themselves the category that they feel most corresponds to their experience. This accomplishes two things: (a) If participants will later be placed into discrete categories for the purposes of data analysis, participants can choose for themselves where they would like to place themselves, and (b) researchers are transparent with participants about intended study analytic procedures. Furthermore, continuing with Tebbe and Budge's (2016) principle of Empowerment and Collaborative Equity as well as Relevance and Ownership, we could have collected feedback from trans-identified community members to identify and select the identity categories by which we ultimately analyzed the data.

Reflections on analytic strategy. In the previous section, we discussed some of the consequences associated with the cluster analytic strategy that we used in this study, namely the need to place participants into discrete identity categories. However, we also want to highlight some of the strengths cluster analysis allowed in this study. First, after accepting the limitations and consequences associated with the categorization of participant identities, cluster analysis allows for an exploratory approach to this study's research questions, which is appropriate given the lack of existing empirical evidence to test more explicit associations of study constructs. In considering Tebbe and Budge's (2016) critical question, "How do power and privilege shape what we see and decisions we make?" this study's use of cluster analysis helps us to minimize the assumptions we may make as researchers with relative power and privilege in absence of guiding theory and empirical support for testing more specific associations between study constructs.

Reflections on dissemination of results and implications of the study. Regarding dissemination of results, we have chosen to submit results from this study to a peer-reviewed academic journal. There are, of course, a number of excellent reasons for doing so, but using Tebbe and Budge's (2016) framework, we refer to Relevance and Ownership to consider other ways we can disseminate study findings in a way that gives information back to the trans populations with whom we are working. For example, we are making a commitment to create infographics and PowerPoint presentations to explain the findings in the current study (along with findings in other similar studies) that can be disseminated to the online communities with whom we have been working, through posts where open discussion about the results is encouraged or the creation of a website where Internet users can follow the researchers' projects.

Using Tebbe and Budge's (2016) framework to consider this study's conclusions and dissemination of results, we ask: "Who benefits in this situation?" and "How do power and privilege shape what we see and the decisions we make?" We humbly acknowledge that our answer to the first question is that it is likely that we, as the researchers with authorship on this study, are the ones who benefit most directly in this situation (e.g., gaining recognition through authorship; listing this article as a publication to assist us with gaining employment and/or tenure). It is our hope that this study's findings will ultimately have a positive effect in helping to build our knowledge of multicultural competencies with this population. Further, we hope this research will add to the scholarly foundation that is necessary for further allocation of resources and funding for trans populations. However, even though the information this study offers may be beneficial for health providers, it is important to acknowledge that such benefits may not extend to our participants themselves. That is, the researchers involved in this study will benefit from this research, and it is our sincere hope that findings from this study will be used to help inform trans-positive policy and therapeutic interventions, but the actual participants who gave of their time, energy, and vulnerability to participate in this study will likely not see any direct benefits.

Implications and Conclusion

The results of the current study provide practitioners with a number of clinical implications to consider in their work with trans clients. They also build on the emerging literature on trans multicultural competencies, and so we outline a number of ways in which findings from the present study can be used to inform clinical practice with trans clients. First, findings from this study suggest that mental health practitioners may wish to consider the various identities their clients hold to understand how the intersection of such identities may contribute to life experiences that increase the risk of mental health concerns. As a practitioner, I (S. L. B.) have heard trans clients report frustrations with therapists solely focusing on their trans identity and not on other issues that were at the forefront of their presenting concerns. Although it may be important to explore trans identity, we caution therapists against overemphasizing gender, when SES or race and/or ethnicity (for example) may be intertwined with the presenting issue. In Bowleg's (2013) analysis of Black gay men, one of the individuals is quoted as saying, "once you've blended the cake, you can't take back the ingredients" (p. 758).

Using an intersectional approach within therapy is not the same focusing on multiple identities at separate times in therapy; instead, it entails discussing with clients how to understand their multiple identities

together, as well as examining when some identities may be more salient than others and why this may be the case. We recommend that therapists ask questions about identity in the intake session, where the therapist may ask clients "Tell me about the identities that are most salient to you," and then asks clients a follow-up question, "How do you navigate those identities in different spaces [or with different people]?" As the results from the current study indicate that individuals with more marginalized identities tend to report higher anxiety, it will be especially important to assess for anxiety levels when clients describe how they negotiate their identities in social situations. At the intake, the client may feel less willing to describe how this anxiety manifests, but it can be helpful to normalize clients' experiences by indicating that research has shown a link between anxiety and multiple minority statuses for trans individuals.

Therapists can also use Jones and McEwen's (2000) multiple identity map as a therapeutic intervention. Akinniyi and Budge (2015) conducted a study with genderqueer individuals where the participants filled out the identity maps and were asked to process their decision making for how they inserted their identities into the map. The map was then used as a way for participants to explain their thoughts and feelings about how their identities intersect and how these identities affect them when navigating multiple spaces. Participants reported being surprised by how fulfilling it was to fill out the map and have a starting point to begin to discuss their multiple identities. Many of the participants indicated that they usually felt stuck when asked pointedly about their identities; thus, having a visual aid to assist them with their narrative was useful. We suggest that therapists incorporate this technique into their therapeutic process and also use it as a tool to discuss possible relational aspects between the therapist and the client.

Practitioners and political activists can hone in on interventions or policies that consider identities across multiple domains to address the complexity of person's experiences. For example, the majority of funded research/interventions for trans people of color focus on HIV and risky sexual practices. Although it can be seen as a step forward that there is increased funding and policy focus on risky sexual practices for trans women of color, this also leads to overgeneralizations and stereotypes of trans women of color. Activists should promote policies that help communities engage in dialogue about social justice and inequity of some types of identities. For example, some campaigns have begun to focus on humanizing individuals (see Humans of New York and Africa Positive Campaign) by using social media to profile groups of individuals to dismantle negative stereotypes. It may be possible to conduct a campaign that is focused on trans individuals with multiple minority statuses within mainstream media. As well, activists can promote programming that assists

individuals with multiple levels of skill sets to break the income–education gap; some of these efforts may include educating employers about trans individuals and how multiple levels of bias can affect hiring and retaining trans employees. We also provided our critical reflections around certain aspects of this article using Tebbe and Budge (2016) to provide researchers with additional tools for how to critically consider methodological decisions in future research.

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